

ARKANSAS STATE PLANT BOARD
PESTICIDE DIVISION
AIRCRAFT EQUIPMENT INSPECTION REPORT

INITIAL INSPECTION [ ]

RE-INSPECTION [ ]

Firm Name \_\_\_\_\_ Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Equipment ID# \_\_\_\_\_ Plant Board Equipment ID # \_\_\_\_\_

GPS Location: Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

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1. Type of equipment Fixed Wing A/C [ ] Helicopter [ ]
Manufacturer \_\_\_\_\_ Model \_\_\_\_\_

2. SPRAY OR APPLICATION SYSTEM

- a. Nozzles (number and type)
Manufacturer \_\_\_\_\_ Size \_\_\_\_\_
b. Is there a low point sample valve painted hunter orange? ..... Yes [ ] No [ ]
Indicate low point sample valve location?
c. Indicate boom length \_\_\_\_\_ Ft \_\_\_\_\_ Inches
d. Indicate wind span or rotor diameter \_\_\_\_\_ Ft \_\_\_\_\_ Inches
Figure % boom length of wind span or rotor diameter
Is boom length Less than or equal to .7 of wind span or .8 of rotary? ..... Yes [ ] No [ ]
e. Indicate Nozzle discharge orientation angle \_\_\_\_\_ Is angle less than 30 degrees?
[ ] No [ ] Yes
f. Are Nozzle outlets Located 10 inches or greater below trailing edge of wing? ... Yes [ ] No [ ]

3. INSPECTION WITH SYSTEM FULL OF WATER("as is" and "in operation" at standstill):

- a. Closely check hopper, tank(s), pump(s), valves, boom lines, nozzles, hose, mounts, and all connections.
Are these in good working condition and free of leaks? ..... Yes [ ] No [ ]
If not, list exceptions
4. Was Custom applicator decal properly attached near cock-pit entrance? ..... Yes [ ] No [ ]
5. Does equipment set-up meet spray classification category in regulations? ..... Yes [ ] No [ ]
Any No answers to questions 1-5 indicates equipment did not pass inspection.
6. Does boom extend beyond outermost nozzle by more than 6"? ..... Yes [ ] No [ ]
If so, is boom equipped with suitable air bleed system? ..... Yes [ ] No [ ]
7. Did aircraft pass inspection? ..... Yes [ ] No [ ]
If No , when will the equipment be reinspected?

Attach Form DP-58 and documentation for compliance of a medium or larger droplet size.

Firm's Representative Name(Print) \_\_\_\_\_ Firm's Representative Signature \_\_\_\_\_ Date \_\_\_\_\_
Inspector Name (Print) \_\_\_\_\_ Inspector Signature \_\_\_\_\_ Date \_\_\_\_\_

Original- Plant Board Office

First copy-Firms

Second copy- Inspector